



Benefit  
Summary  
2022



Personally yours, because people are different.

BEAT3



**BEAT3 OPTION**

**HOSPITAL PLAN (WITH SAVINGS AND SELECTED RISK BENEFITS)**

Recommended for?	Beat3 is recommended for members looking for generous maternity benefits, extensive in-hospital cover and cover for chronic conditions. The option also offers various preventative care benefits.			
Contributions	Non-network/ network	Principal member	Adult dependant	Child dependant
Risk amount	NN	R2 721	R1 933	R1 050
	N	R2 448	R1 741	R947
Medical savings account	NN	R518	R368	R200
	N	R466	R332	R180
Total monthly contribution	<b>NN</b>	<b>R3 239</b>	<b>R2 301</b>	<b>R1 250</b>
	<b>N</b>	<b>R2 914</b>	<b>R2 073</b>	<b>R1 127</b>

\*You pay for a maximum of three children. Any additional children can join as beneficiaries of the Scheme at no additional cost.

**Children under the age of 24 and registered students up to the age of 26 years qualify for child dependant rates.**

## BEAT3 OPTION

## HOSPITAL PLAN (WITH SAVINGS AND SELECTED RISK BENEFITS)

Savings Account/  
Day-to-day Benefits

Savings account available.  
Day-to-day benefits are available.

Over-the-counter medicine

Savings account.

## Method of benefit payment

On the Beat3 option in-hospital benefits are paid from Scheme risk. Some day-to-day benefits are paid from the Scheme risk and other services will be paid from the savings account. Some preventative care benefits are available from the Scheme risk benefit.

Benefits relating to conditions that meet the criteria for PMBs will be covered in full when using DSPs. This will not affect your savings.

## Network option

- Beat 1, 2 and 3 also offer you the option to lower your monthly contribution in the form of a network option.
- You are required to use specific network hospitals if you have selected the Beat3 network option. In turn, your monthly contribution is lower.
- The non-network option provides you with access to any hospital of your choice. This is the standard option.
- Please refer to the contributions table for more information regarding the monthly contributions.

## In-hospital benefits

### Note:

- Members are required to obtain pre-authorisation for all planned procedures at least 14 (fourteen) days before the event. However, in the case of an emergency, the member, their representative or the hospital must notify Bestmed of the member's hospitalisation as soon as possible or on the first working day after admission to hospital.
- Clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP) may apply.
- Should a member voluntarily choose not to make use of a hospital forming part of a hospital network for the Beat network benefit option a maximum co-payment of R12 373 shall apply.

### MEDICAL EVENT

### SCHEME BENEFIT

Accommodation (hospital stay) and theatre fees

100% Scheme tariff.

Take-home medicine

100% Scheme tariff.  
Limited to 7 days' medicine.

Biological medicine during hospitalisation

Limited to R20 000 per family per annum. Subject to pre-authorisation and funding guidelines.

Treatment in mental health clinics

100% Scheme tariff.  
Limited to 21 days per beneficiary.

Treatment of chemical and substance abuse

100% Scheme tariff.  
Limited to 21 days or R33 655 per beneficiary.  
Subject to network facilities.

Consultations and procedures

100% Scheme tariff.

Surgical procedures and anaesthetics

100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Organ transplants	100% Scheme tariff. (PMBs only)
Major medical maxillo-facial surgery strictly related to certain conditions	100% Scheme tariff. Limited to R13 487 per family.
Dental and oral surgery (In- or out of hospital)	Limited to R8 414 per family.
Prosthesis (Subject to preferred provider, otherwise limits and co-payments apply)	100% Scheme tariff. Limited to R83 025 per family.
Prosthesis – Internal Note: Sub-limit subject to the overall annual prosthesis limit.  *Functional: Item utilised towards treating or supporting a bodily function.	Sub-limits per beneficiary: <ul style="list-style-type: none"> <li>*Functional limited to R14 699.</li> <li>Pacemaker (dual chamber) R44 791.</li> <li>Vascular R32 913.</li> <li>Endovascular and catheter-based procedures - no benefit.</li> <li>Spinal R32 913.</li> <li>Artificial disc - no benefit.</li> <li>Drug-eluting stents - PMBs and DSP products only.</li> <li>Mesh R11 567.</li> <li>Gynaecology/Urology R9 553.</li> <li>Lens implants R7 176 a lens per eye.</li> </ul>
Prosthesis – External	No benefit (PMBs only).
Exclusions, limits and co-payments applicable. Preferred provider network available.	Joint replacement surgery (except for PMBs). PMBs subject to prosthesis limits: <ul style="list-style-type: none"> <li>Hip replacement and other major joints R34 769.</li> <li>Knee replacement R43 022.</li> <li>Minor joints R13 240.</li> </ul>
Orthopaedic and medical appliances	100% Scheme tariff.

MEDICAL EVENT	SCHEME BENEFIT
Pathology	100% Scheme tariff.
Basic radiology	100% Scheme tariff.
Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies).	100% Scheme tariff.
Oncology	100% Scheme tariff. Subject to pre-authorization and DSP.
Peritoneal dialysis and haemodialysis	100% Scheme tariff. Subject to pre-authorization and DSPs.
Confinements (Birthing)	100% Scheme tariff.
Refractive surgery and all types of procedures to improve or stabilise vision (except cataracts)	100% Scheme tariff. Subject to pre-authorization and protocols. Limited to R8 661 per eye.
HIV/AIDS	100% Scheme tariff. Subject to pre-authorization and DSPs.
Midwife-assisted births	100% Scheme tariff.
Supplementary services	100% Scheme tariff.
Alternatives to hospitalisation	100% Scheme tariff.
Palliative and home-based care in lieu of hospitalisation	100% Scheme tariff, limited to R60 000 per beneficiary per annum. Subject to available benefit, pre-authorization and treatment plan.
Day procedures at a day-hospital facility	Day procedures at a day-hospital facility funded at 100% Scheme tariff. Subject to pre-authorization. DSPs apply for PMBs.

## MEDICAL EVENT

International travel cover

## SCHEME BENEFIT

- Leisure Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 90 days, with R5 million for one member and R10 million for principal member and dependants.
- Business Travel: Limited to 45 days and R500 000 cover for travel to the USA. All other countries covered up to 45 days, with R5 million for one member and R10 million for principal member and dependants.

Co-payments

Co-payment for voluntary use of non-network hospital R12 373 for network option.



## Out-of-hospital benefits

### Note:

- Benefits below may be subject to pre-authorization, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).
- Members are required to obtain pre-authorization for all planned treatments and/or procedures.
- Most out-of-hospital expenses, such as visits to a Family Practitioner (FP) or Specialist, are paid from your savings account. Some out-of-hospital benefits are paid for by the Scheme at 100% Scheme tariff.
- Should you not use all of the funds available in your savings account, these funds will be transferred into your vested savings account at the beginning of the following financial year.
- Members choosing the network option are required to make use of Scheme-contracted service providers such as network hospitals.
- Non-network pharmacies and non-network DSP specialists will be reimbursed at Scheme tariff, including for treatment of PMBs.

### MEDICAL EVENT

### SCHEME BENEFIT

FP and specialist consultations

Savings account.

Diabetes primary care consultation

100% of Scheme tariff subject to registration with HaloCare.  
2 primary care consultations at Dis-Chem Pharmacies.

Basic and specialised dentistry

Basic: Preventative benefit or savings account.  
Specialised: Savings account.  
Orthodontic: Subject to pre-authorization.

Medical aids, apparatus and appliances

Savings account.

Hearing aids

Subject to pre-authorization  
Savings account.

Supplementary services

Savings account.

### MEDICAL EVENT

### SCHEME BENEFIT

Wound care benefit (incl. dressings, negative pressure wound therapy treatment and related nursing services - out-of-hospital)

100% Scheme tariff.  
Limited to R3 675 per family.

Optometry benefit (PPN capitation provider)

Benefits available every 24 months from date of service.

**Network Provider (PPN)**

- Consultation - 1 per beneficiary.
- Frame = R860 covered AND
- 100% of cost of standard lenses (single vision OR bifocal OR multifocal) OR

- Contact lenses = R1 630 OR

**Non-network Provider**

- Consultation - R350 fee at non-network provider

- Frame = R598 AND

- Single vision lenses = R210 OR

- Bifocal lenses = R445 OR

- Multifocal lenses = R1 000

In lieu of glasses members can opt for contact lenses, limited to R1 630

Basic radiology and pathology

Savings account.

Specialised diagnostic imaging (Including MRI scans, CT scans and isotope studies. Excluding PET scans)

100% Scheme tariff.  
Limited to R11 694 per family.

HIV/AIDS

100% Scheme tariff. Subject to pre-authorization and DSPs.

Oncology

Oncology programme at 100% of Scheme tariff. Subject to pre-authorization and DSP.

Peritoneal dialysis and haemodialysis

100% Scheme tariff. Subject to pre-authorization and DSPs.

Rehabilitation services after trauma

PMBs only. Subject to pre-authorization and DSPs.



**Note:**

- Benefits below may be subject to pre-authorization, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines, the Mediscor Reference Price (MRP) and the exclusions referred to in Annexure C of the registered Rules.
- Members will not incur co-payments for Prescribed Minimum Benefit (PMB) medications that are on the formulary for which there is no generic alternative.
- Members choosing the network option are required to make use of Scheme-contracted pharmacies to obtain their medicine.

**BENEFIT DESCRIPTION**

**SCHEME BENEFIT**

CDL and PMB chronic medicine\*

100% Scheme tariff.  
Co-payment of 30% for non-formulary medicine.

Non-CDL chronic medicine\*

5 conditions. 80% Scheme tariff.  
Limited to M = R3 589, M1+ = R7 300.  
Co-payment of 30% for non-formulary medicine.

Biologicals and other high-cost medicine

PMBs only as per funding protocol.  
Subject to pre-authorization.

Acute medicine

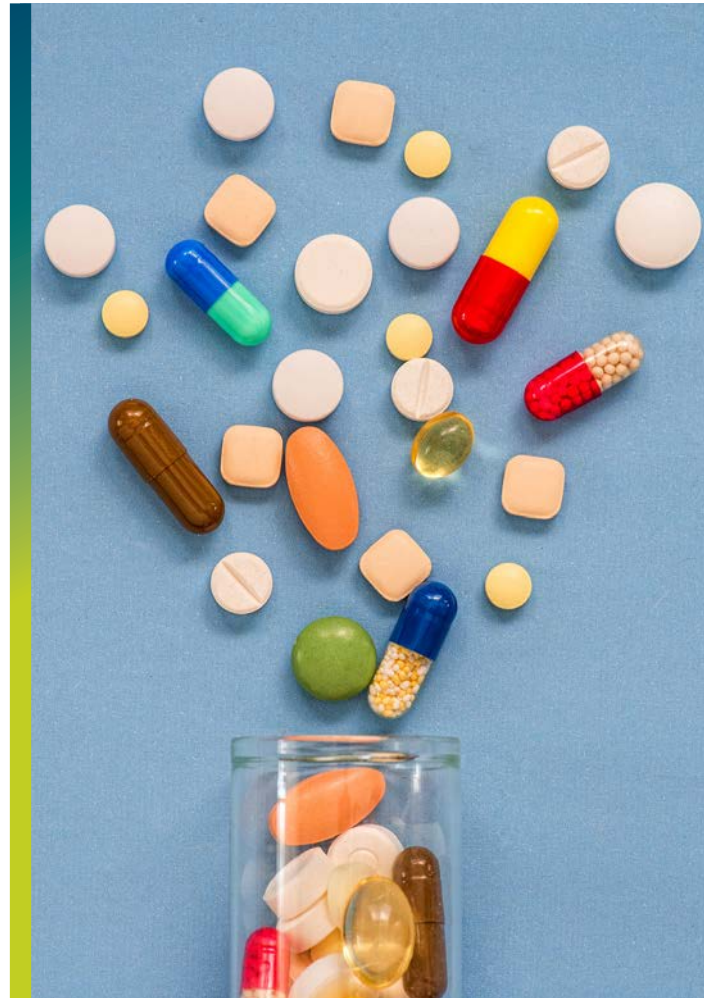
Savings account.

Over-the-counter (OTC) medicine

Savings account.

\*Please note that approved Chronic Disease List (CDL), Prescribed Minimum Benefit (PMB) and non-Chronic Disease List (non-CDL) chronic medicine costs will be paid from the non-CDL limit first. Thereafter, approved CDL and PMB chronic medicine costs will continue to be paid (unlimited) from Scheme risk.

Approved medicine for the following conditions are not subject to the Chronic medicine limit: organ transplant, chronic renal failure, multiple sclerosis and haemophilia. Medicine claims will be paid directly from Scheme risk.





## Chronic conditions list

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### CDL

CDL 1	Addison's disease
CDL 2	Asthma
CDL 3	Bipolar mood disorder
CDL 4	Bronchiectasis
CDL 5	Cardiomyopathy
CDL 6	Chronic renal disease
CDL 7	Chronic obstructive pulmonary disease (COPD)
CDL 8	Cardiac failure
CDL 9	Coronary artery disease
CDL 10	Crohn's disease
CDL 11	Diabetes insipidus
CDL 12	Diabetes mellitus type 1
CDL 13	Diabetes mellitus type 2
CDL 14	Dysrhythmias
CDL 15	Epilepsy
CDL 16	Glaucoma
CDL 17	Haemophilia
CDL 18	Hyperlipidaemia
CDL 19	Hypertension
CDL 20	Hypothyroidism
CDL 21	Multiple sclerosis
CDL 22	Parkinson's disease

### CDL

CDL 23	Rheumatoid arthritis
CDL 24	Schizophrenia
CDL 25	Systemic lupus erythematosus (SLE)
CDL 26	Ulcerative colitis

### NON-CDL

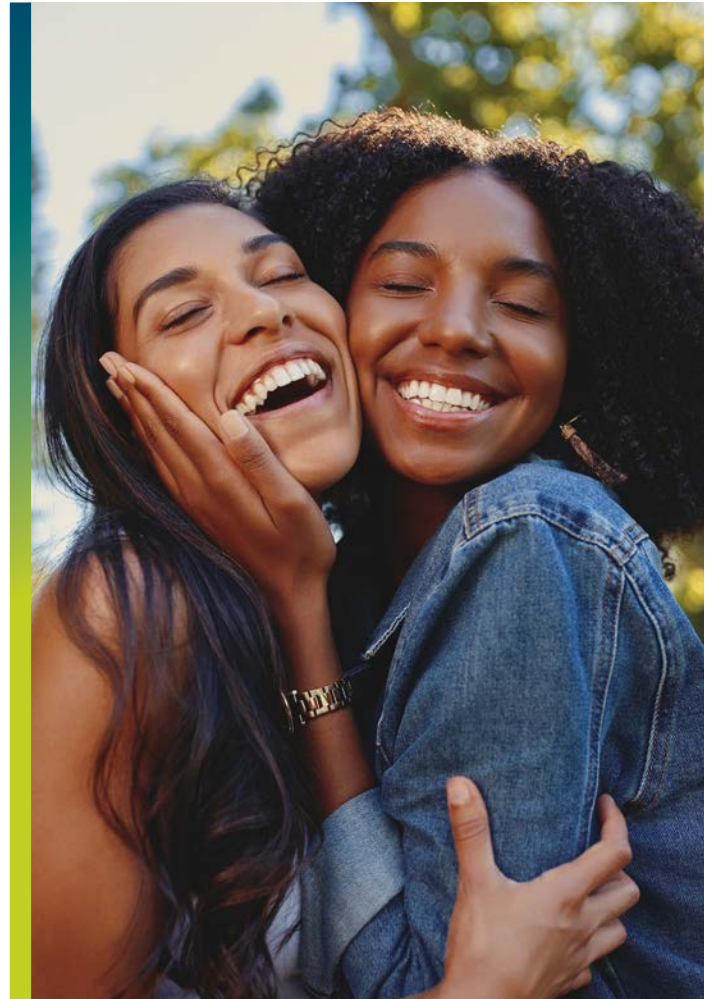
Non-CDL 1	Acne - severe
Non-CDL 2	Attention deficit disorder/Attention deficit hyperactivity disorder (ADD/ADHD)
Non-CDL 3	Allergic rhinitis
Non-CDL 4	Eczema - severe
Non-CDL 5	Migraine prophylaxis

### PMB

PMB 1	Aplastic anaemia
PMB 2	Chronic anaemia
PMB 3	Benign prostatic hypertrophy
PMB 4	Cushing's disease
PMB 5	Cystic fibrosis
PMB 6	Endometriosis
PMB 7	Female menopause
PMB 8	Fibrosing alveolitis
PMB 9	Graves' disease

## PMB

PMB 10	Hyperthyroidism
PMB 11	Hypophyseal adenoma
PMB 12	Idiopathic thrombocytopenic purpura
PMB 13	Paraplegia/Quadriplegia
PMB 14	Polycystic ovarian syndrome
PMB 15	Pulmonary embolism
PMB 16	Stroke



## Preventative care benefits

### Note:

Benefits below may be subject to pre-authorisation, clinical protocols, preferred providers, designated service providers (DSPs), formularies, funding guidelines and the Mediscor Reference Price (MRP).

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
Flu vaccines	All ages.	1 per beneficiary per year.	Applicable to all active members and beneficiaries.
Pneumonia vaccines	Children <2 years. High-risk adult group.	Children: As per schedule of Department of Health. Adults: Twice in a lifetime with booster above 65 years of age.	Adults: The Scheme will identify certain high-risk individuals who will be advised to be immunised.
Travel vaccines	All ages.	Quantity and frequency depending on product up to the maximum allowed amount.	Mandatory travel vaccines for typhoid, yellow fever, tetanus, meningitis, hepatitis and cholera from Scheme risk benefits.
Paediatric immunisations	Babies and children.	Funding for all paediatric vaccines according to the state-recommended programme.	
Baby growth and development assessments	0-2 years.	3 assessments per year.	Assessments are done at a Bestmed Network Pharmacy Clinic.
Female contraceptives	All females of child-bearing age.	Quantity and frequency depending on product up to the maximum allowed amount. Mirena device - 1 device every 60 months.	Limited to R2 412 per beneficiary per year. Includes all items classified in the category of female contraceptives.
Back and neck preventative programme	All ages.	Subject to pre-authorisation.	Preferred providers (DBC/Workability Clinics). This is a preventative programme with the objective of preventing back and neck surgery. The Scheme may identify appropriate participants. Based on the first assessment, a rehabilitation treatment plan is drawn up and initiated over an uninterrupted period that will be specified by the provider. Use of this programme is in lieu of surgery.

PREVENTATIVE CARE BENEFIT	GENDER AND AGE GROUP	QUANTITY AND FREQUENCY	BENEFIT CRITERIA
HPV vaccinations	Females 9-26 years of age.	3 vaccinations per beneficiary.	Vaccinations will be funded at MRP.
Mammogram (tariff code 34100)	Females 40 years and older.	Once every 24 months.	100% Scheme tariff.
Preventative dentistry	Refer to Preventative Dentistry section on p.15 for details.		
PSA screening	Males 50 years and older.	Once every 24 months.	Can be done at a urologist, FP or network pharmacy clinic. Consultation paid from the available savings account.
Pap smear	Females 18 years and older.	Once every 24 months.	Can be done at a gynaecologist, FP or pharmacy clinic. Consultation paid from the available savings account.
<p>Bestmed Tempo wellness programme</p> <p>Note: Completing your Health Assessment (previously HRA) unlocks the other Bestmed Tempo benefits.</p>	<p>The Bestmed Tempo wellness programme is focused on supporting you on your path to improving your health and realising the rewards that come with it. To ensure you achieve this, you will have access to the following benefits:</p> <p>Bestmed Tempo Health Assessment (previously HRA) for adults (beneficiaries 16 and older) which includes one of each of the following per year per adult beneficiary:</p> <ul style="list-style-type: none"> <li>■ The Bestmed Tempo lifestyle questionnaire</li> <li>■ Blood pressure check</li> <li>■ Cholesterol check</li> <li>■ Glucose check</li> <li>■ HIV screening</li> <li>■ Height, weight and waist circumference</li> </ul> <p>These assessments need to be done at a contracted pharmacy or on-site at participating employer groups.</p> <p>Bestmed Tempo Fitness and Nutrition programmes (beneficiaries 16 and older):</p> <ul style="list-style-type: none"> <li>■ 3 personalised journeys with a Bestmed Tempo partner biokineticist</li> <li>■ 3 personalised journeys with a Bestmed Tempo partner dietitian</li> </ul> <p>Bestmed Tempo Group Classes:</p> <ul style="list-style-type: none"> <li>■ A range of group classes throughout the year to help encourage and support a healthier lifestyle regardless of your age or health status</li> </ul>		

## PREVENTATIVE CARE BENEFIT

### Maternity benefits

100% Scheme tariff. Subject to the following benefits:

#### Consultations:

- 9 antenatal consultations at a FP OR gynaecologist OR midwife.
- 1 post-natal consultation at a FP OR gynaecologist OR midwife.
- 1 lactation consultation with a registered nurse or lactation specialist.

#### Ultrasounds:

- 1 x 2D ultrasound scan at 1st trimester (between 10 to 12 weeks) at a FP OR gynaecologist OR radiologist.
- 1 x 2D ultrasound scan at 2nd trimester (between 20 to 24 weeks) at a FP OR gynaecologist OR radiologist.

#### Supplements:

- Any item categorised as a maternity supplement can be claimed up to a maximum of R120 per claim, once a month, for a maximum of 9 months.

Disclaimer: General and option specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more details.



## Maternity care programme

Finding out you are pregnant comes with a whole lot of emotions, questions and information. Sometimes just knowing where to start and which information you can trust can be a challenge.

Pregnant members and dependants have access to the Maternity care programme. The programme provides comprehensive information and services and was designed with the needs of expectant parents and their support network in mind. We aim to give you support, education and advice through all stages of your pregnancy, the confinement and postnatal (after birth) period.

Members need to register on the Bestmed Maternity care programme as soon as they receive confirmation of their pregnancy by means of a pathology test and/or scan from your family practitioner or gynaecologist. After you complete your registration, a consultant will contact you. If your pregnancy is associated with risks, the information will be forwarded to Bestmed's case managers who will contact you to help monitor your progress.

Please note that registering on the Maternity care programme does not confirm any other maternity benefits nor does it provide authorisation for the delivery as these benefits are subject to the Scheme's rules and underwriting. To enquire about these benefits please contact [service@bestmed.co.za](mailto:service@bestmed.co.za).

### **How to register:**

Send an email to [maternity@bestmed.co.za](mailto:maternity@bestmed.co.za) or call us on 012 472 6797. Please include your medical scheme number and your expected delivery date in the email.

### **After registering on this programme you will receive:**

- A welcome pack containing an informative pregnancy book about the stages of pregnancy.
- Maternity/baby gift. The selection form will be sent to you after the 12th week of your pregnancy.
- Access to a 24-hour medical advice line.
- Benefits through each phase of your pregnancy.

Midwife-assisted births are covered at 100% of Scheme tariff on all Beat options.



## Preventative dentistry

### Note:

Services mentioned below may be subject to pre-authorization, clinical protocols and funding guidelines.

DESCRIPTION OF SERVICE	AGE	FREQUENCY
General full-mouth examination by a general dentist (incl. gloves and use of sterile equipment for the visit)	12 years and above. Under 12 years.	Once a year. Twice a year.
Full-mouth intra-oral radiographs	All ages.	Once every 36 months.
Intra-oral radiograph	All ages.	2 x photos per year.
Scaling and/or polishing	All ages.	Twice a year.
Fluoride treatment	All ages.	Twice a year.
Fissure sealing	Up to and including 21 years.	In accordance with accepted protocol.
Space maintainers	During primary and mixed denture stage.	Once per space.

Disclaimer: General and option-specific exclusions apply. Please refer to [www.bestmed.co.za](http://www.bestmed.co.za) for more details.

### Abbreviations

CDL = Chronic Disease List; DBC = Documentation Based Care (back rehabilitation programme); FP = Family Practitioner or Doctor; HPV = Human Papilloma Virus; M = Member; M1+ = Member and family; MRP = Mediscor Reference Price; MRI/CT Scans = Magnetic Resonance Imaging/Computed Tomography Scans; NPWT = Negative Pressure Wound Therapy; PET Scan = Positron Emission Tomography Scan; PPN = Preferred Provider Negotiators; PSA = Prostate Specific Antigen; PMB = Prescribed Minimum Benefit.



086 000 2378



service@bestmed.co.za



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#### HOSPITAL AUTHORISATION

Tel: 080 022 0106

Email: [authorisations@bestmed.co.za](mailto:authorisations@bestmed.co.za)

#### CHRONIC MEDICINE

Tel: 086 000 2378

Email: [medicine@bestmed.co.za](mailto:medicine@bestmed.co.za)

Fax: 012 472 6760

#### CLAIMS

Tel: 086 000 2378

Email: [service@bestmed.co.za](mailto:service@bestmed.co.za) (queries)

[claims@bestmed.co.za](mailto:claims@bestmed.co.za) (claim submissions)

#### MATERNITY CARE

Tel: 012 472 6797

Email: [maternity@bestmed.co.za](mailto:maternity@bestmed.co.za)

#### WALK-IN FACILITY

Block A, Glenfield Office Park,  
361 Oberon Avenue, Faerie Glen,  
Pretoria, 0081, South Africa

#### POSTAL ADDRESS

PO Box 2297, Arcadia,  
Pretoria, 0001, South Africa

#### ER24

Tel: 084 124

#### INTERNATIONAL TRAVEL INSURANCE (EUROP ASSISTANCE)

Tel: 0861 838 333

Claims and emergencies: [assist@europassistance.co.za](mailto:assist@europassistance.co.za)

Travel registrations: [bestmed-assist@linkham.com](http://bestmed-assist@linkham.com)

#### PMB

Tel: 086 000 2378

Email: [pmb@bestmed.co.za](mailto:pmb@bestmed.co.za)

#### BESTMED HOTLINE, OPERATED BY KPMG

Should you be aware of any fraudulent, corrupt or unethical practices involving Bestmed, members, service providers or employees, please report this anonymously to KPMG.

**Hotline:** 080 111 0210 toll-free from any Telkom line

**Hotfax:** 080 020 0796

**Hotmail:** [fraud@kpmg.co.za](mailto:fraud@kpmg.co.za)

**Postal:** KPMG Hotpost, at BNT 371,  
PO Box 14671, Sinoville,  
0129, South Africa

#### INDIVIDUAL CLIENTS APPLYING FOR NEW MEMBERSHIP AFTER THE FINAL DEBIT ORDER CLOSING DATE, WILL BE SUBJECT TO REGISTRATION DATE CHANGE.

#### PLEASE CONSULT YOUR ADVISOR OR BESTMED FOR MORE INFORMATION.

For a more detailed overview of your benefit option and to receive a membership guide please contact [service@bestmed.co.za](mailto:service@bestmed.co.za).

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